



In re Application of:

Docket No. 35.C10516

TAKEHIRO YOSHIDA

Application No.: 08/395,588

Examiner: J. Chan

Filed: February 28, 1995

Group Art Unit: 2608

For: COMMUNICATION APPARATUS FOR
SELECTING A COMMUNICATION
PROTOCOL COMPATIBLE TO A
PARTNER STATION AND EXECUTING
THE SELECTED PROTOCOL

Date: February 28, 1996

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|---|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 10 | MINUS | ** 20 | = 0 | x \$11 \$22 | 0 |
| INDEP. CLAIMS | * 2 | MINUS | *** 3 | = 0 | x \$39 \$78 | 0 |
| Fee for Multiple Dependent claims \$125°/\$250 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | 0 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

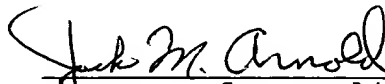
☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$380.00 to cover the Extension fee for response within five (5) months is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 758-2400. All correspondence should continue to be directed to our address given below.



Attorney for Applicant
Reg. No. 25,823

FITZPATRICK, CELLA, HARPER & SCINTO
277 Park Avenue
New York, New York 10172
Facsimile: (212) 758-2982

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